

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS
FIRST-CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER OF PATENTS, P.O. BOX
1450, ALEXANDRIA, VA 22313-1450, ON AUGUST 11, 2008.

Loretta J. Sauermelch
Name of person depositing document

Aug. 11, 2008
Date

Attorney Docket No.: P51394
Confirmation No. 6628

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Axten, et al. August 11, 2008
Serial No.: 10/537,034 Group Art Unit: 1624
Filed: June 1, 2005 Examiner: D. Rao
For: QUINOLINES AND NITROGENATED DERIVATIVES THEREOF
AND THEIR USE AS ANTIBACTERIAL AGENTS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Fee Calculation for Amended Claims

	Col 1		Col 2	Col 3	Other than a small entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total	*23	Minus	**20	= 3	x 50 =	150.00
Indep	*1	Minus	***3	= 0	x 210 =	
<input type="checkbox"/> First presentation of Multiple Dependent Claim					+ 370 =	
					Total	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No additional fee is required for the amendment(s).

☒ Charge **\$150.00** to Deposit Account No. 19-2570.

Please charge any additional fees under 37 CFR 1.16 or 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 19-2570.

08/14/2008 KXAYPASH 00000607 192570 10537034

01 FC:1615

150.00 DA

Respectfully submitted,

Loretta J. Sauermelch
Loretta J. Sauermelch
Attorney for Applicants
Registration No. 37,347

GLAXOSMITHKLINE
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, PA 19406-0939
Phone (610) 270-6854; Fax (610) 270-5090